



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

Trumbull Insurance Company

MFDR Tracking Number

M4-17-1965-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

February 27, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$600.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Provider was reimbursed for the MMI and ROM for (2) body areas:

- Upper extremities and hands – (fracture right wrist, right shoulder).
- Body structures (including skin) – (closed head injury, right eye contusion & facial laceration).

Reimbursement as follows:

- MMI \$350
- ROM (2 body areas) \$450"

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 7, 2016	Designated Doctor Examination	\$600.00	\$600.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for maximum medical improvement and impairment rating examinations provided on or after September 1, 2016.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
 - 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was also performed.

Issues

Is Ahmed Khalifa, M.D. eligible for additional reimbursement for the disputed services?

Findings

Ahmed Khalifa, M.D. is seeking an additional reimbursement of \$600.00 for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on December 7, 2016.

28 Texas Administrative Code §134.250(3)(C) states that the following applies to examinations for MMI: “An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350.” Review of the submitted documents finds that Dr. Khalifa, acting as a designated doctor, performed an examination for MMI. Therefore, he is eligible for reimbursement of \$350.00 for this service.

28 Texas Administrative Code §134.250(4) addresses reimbursement for examinations of IR and states, in relevant part:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows:
 - (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area...
- (D) ...
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and
 - (III) mental and behavioral disorders.
 - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
 - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that Dr. Khalifa performed an examination and provided an IR for the right shoulder and wrist with range of motion (ROM), head, face, diabetes, hypertension/heart disease/infarction/small vessel disease, and depression. Reimbursement is calculated as follows:

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Right Shoulder (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Right Wrist (ROM)			
IR: Head Injury	Nervous System	Body Systems	\$150.00
IR: Face	Skin	Body Structures	\$150.00
IR: Diabetes	Endocrine System	Body Systems	\$150.00
IR: Hypertension/Heart Disease/Infarctions/ Small Vessel Disease	Cardiovascular System	Body Systems	\$150.00

IR: Depression	Mental & Behavioral Disorders	Mental & Behavioral Disorders	\$150.00
Total MMI			\$350.00
Total IR			\$1,050.00
Total Exam			\$1,400.00

The total reimbursement for the disputed services is \$1,400.00. Trumbull Insurance Company paid \$800.00. An additional reimbursement of \$600.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$600.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$600.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Laurie Garnes Medical Fee Dispute Resolution Officer	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> April 6, 2017 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.